



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
RISK MANAGEMENT SECTION

ACCIDENT ON STATE PROPERTY - LOSS NOTICE (NON-VEHICLE)

**RISK MANAGEMENT SECTION
OFFICE OF ADMINISTRATION
P.O. BOX 809
JEFFERSON CITY, MISSOURI 65102
TELEPHONE NUMBER (573) 751-4044
FAX NUMBER (573) 751-7819**

This form **must be completed** for the Risk Management office to start a file. Please complete and **fax or mail** this form to Risk Management within 24-48 hours of the accident. **PLEASE PRINT CLEARLY OR TYPE.**

REMARKS

FOR OFFICE USE ONLY

REPORTING AGENCY

STATE DEPARTMENT			PERSON TO CONTACT FOR QUESTIONS REGARDING THIS CLAIM	
ADDRESS			NAME _____	
CITY	STATE	ZIP CODE	CONTACT'S BUSINESS PHONE (A/C, NO., EXT.) _____	
SAM II AGENCY NUMBER	SAM II ORG NUMBER	AGENCY PHONE (A/C, NUMBER) _____		

ACCIDENT INFORMATION

LOCATION OF ACCIDENT (INCLUDING CITY & STATE)	POLICE CONTACTED (Y/N) AND REPORT NO.	VIOLATIONS/CITATIONS
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DATE (MM/DD/YY) & TIME OF LOSS	PREVIOUSLY REPORTED						
<table border="1"><tr><td></td><td>A.M.</td><td>YES</td></tr><tr><td></td><td>P.M.</td><td>NO</td></tr></table>		A.M.	YES		P.M.	NO	
	A.M.	YES					
	P.M.	NO					

DESCRIPTION OF ACCIDENT REQUIRED

CLAIMANT

NAME AND ADDRESS	PHONE (A/C, NO.)	AGE	EXTENT OF INJURY

WITNESSES

NAME AND ADDRESS	PHONE (A/C, NO.)

REMARKS

FORM COMPLETED BY (PLEASE PRINT)	SIGNATURE
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